



# UCLA Healthcare

- ◆ Three hospital system affiliated with David Geffen School of Medicine and UCLA Medical Group
- ◆ Major clinical programs in oncology, transplant (liver, heart, kidney bone marrow) pediatrics, general medicine, ophthalmology.



# Balancing Various Uses of Patient Surveys

- ◆ Ultimately, use feedback to optimize the patient experience.
- ◆ Benchmark with academic medical centers.
- ◆ Benchmark with local market hospitals
- ◆ Management and staff incentives
- ◆ State-wide public reporting (reputation) and pay for participation

“Marketing made me do it”

How do we stack up against other AMC’s ?

But local hospitals are our real competition

Huh? This data is tied to outcomes ?

“Aha! We can use this for PI !”

“California-wide standard? Pay for Participation?”

“ A national benchmark is in sight”



1985

1992

1995

1996

1998

2001

2004

# Progress means managing measurement issues

- ◆ New purposes mean new questions, sampling models, report formats, etc.
- ◆ Trending is important at the executive level and for process improvement
- ◆ Using same questions for internal & external surveys is appreciated by our M.D.'s, RN's...
- ◆ Overlap between old surveys and the “next generation” means manage multiple projects simultaneously



# One User's Experience with PEP-C –H-CAHPS Tool

- ◆ H-CAHPS Questions measured very similar patient experiences as previous surveys.
- ◆ Mixing H-CAHPS & Picker questions on same tool, created “noise” (“which questions should we pay attention to?”)
- ◆ Replacing Picker questions with H-CAHPS questions raised trending issues.





# Considering new “Dimensions”

H-CAHPS does not address two UCLA priorities  
“*Emotional Support*” While H-CAHPS questions  
are focus on individual provider communication,  
“anxieties and fears, “confidence and trust”  
continue to intrigue us.

## “*Coordination of Care*”

“Tests on time”, “physician in charge”, complexity  
of systems can be big dissatisfiers in AMC’s



# PEP-C III Experience : Discharge Information

- ◆ H-CAHPS maintains “danger signals” question (+)
- ◆ Found the “Picker” questions to be excellent PI measures because they were specific. (danger signals, resuming usual activities, and medication information)
- ◆ Will need to supplement H-CAHPS with drill down questions about information patients need & value most.



# Fielding H-CAHPS with support of the RAND PI demonstration team

- ◆ Share results, with emphasis listening to physicians, nurses etc. on “which questions / topics are missing?” to determine future “add-on questions”
- ◆ Which reports are needed ?
- ◆ Build statistical “bridges” to maintain some trending ability for executive and governing body audiences